



COMBINED NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Send to: Missouri Department of Natural Resources, Waste Management Program, P.O. Box 176, Jefferson City, MO 65102

For Official Use Only

		Comments																																						
C																																								
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Installation's EPA ID Number		Approved	Date Received Yr. mo. day)	P5 195 MKO SALINE																																				
C	F MOD98577161	T/A C 1																																						
I. Name of Installation																																								
WILSON BRANDS CORP.																																								
II. Installation Mailing Address																																								
C	3 P. O. BOX 340 - Hwy 20 WEST	Street or P.O. Box																																						
C	4 MARSHALL	City or Town	State	ZIP Code																																				
III. Location of Installation																																								
C	5 2-MILES W OFF Hwy 20 WEST	Street or Route Number																																						
C	6 MARSHALL	City or Town	State	ZIP Code																																				
IV. Installation Contact																																								
C	2 BERNARD NEUTOK, PLANT ENGINEER	Name and Title (last, first, and job title)	Phone Number (area code and number)	816 886 5522																																				
V. Ownership																																								
C	A DOSKOCIL COMPANIES INC	A. Name of Installation's Legal Owner	B. Type of Ownership (enter code)	P																																				
VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)																																								
<table border="1"> <thead> <tr> <th colspan="2">A. Hazardous Waste Activity</th> <th colspan="2">B. Used Oil Fuel Activities</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> 1a. Generator</td> <td><input type="checkbox"/> 1b. Less than 1,000 kg/mo.</td> <td><input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 2. Transporter</td> <td></td> <td><input type="checkbox"/> a. Generator Marketing to Burner</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 3. Treater/Storer/Disposer</td> <td></td> <td><input type="checkbox"/> b. Other Marketer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 4. Underground Injection</td> <td></td> <td><input type="checkbox"/> c. Burner</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)</td> <td></td> <td><input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification MISSOURI DEPARTMENT OF NATURAL RESOURCES</td> <td></td> </tr> <tr> <td><input type="checkbox"/> a. Generator Marketing to Burner</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> b. Other Marketer</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> c. Burner</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					A. Hazardous Waste Activity		B. Used Oil Fuel Activities		<input checked="" type="checkbox"/> 1a. Generator	<input type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner		<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer		<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner		<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification MISSOURI DEPARTMENT OF NATURAL RESOURCES		<input type="checkbox"/> a. Generator Marketing to Burner				<input type="checkbox"/> b. Other Marketer				<input type="checkbox"/> c. Burner			
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VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)																																								
<input type="checkbox"/> A. Utility Boiler <input type="checkbox"/> B. Industrial Boiler <input type="checkbox"/> C. Industrial Furnace																																								
VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))																																								
<input type="checkbox"/> A. Air <input type="checkbox"/> B. Rail <input type="checkbox"/> C. Highway <input type="checkbox"/> D. Water																																								
IX. First or Subsequent Notification																																								
Mark 'X' in the appropriate box to indicate whether this is your notification. If this is not your first notification, enter your Installer																																								
<input checked="" type="checkbox"/> A. First Notification <input type="checkbox"/> B. Subsequent Notification (complete Item C)																																								
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R00356473																																								
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Continues on reverse																																								

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X. Description of Hazardous Wastes (continued from front)

- A. **Vastes from Nonspecific Sources (F-List).** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.

WASTE 10 //	b001	D098				
AMOUNT AND FREQUENCY	400 lbs.	A	1bs.		1bs.	1bs.

- D. **Vastes from Specific Sources (A-List).** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE ID #	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
AMOUNT AND FREQUENCY	1bs.										

- C. Commercial Chemical Product Vastes (U and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Below each number, enter monthly generation amount in pounds and frequency A.D., Jr C.

D. (Reserved)

- E. Characteristics of Nonlisted Hazardous Vastes. Mark an 'x' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.

1. Ignitable
(0001)

2. Corrosive
(DOD2)

3. Reactive (0003)

AMOUNT AND FREQUENCY:

4. Toxic Enter the four-digit number which identifies each characteristic toxic waste. Below each number enter the monthly generation amount and frequency.

MISSOURI REQUIRED INFORMATION

MO Generator ID Number _____

Principle Business Activity _____

S.I.C. Code (leave blank if uncertain)

Check this box if you generate/accumulate less than a regulated quantity

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 

Name And Official Title (Type Or Print)

B.N. Newton - Plant Engineer

Date Signed

11/24/89